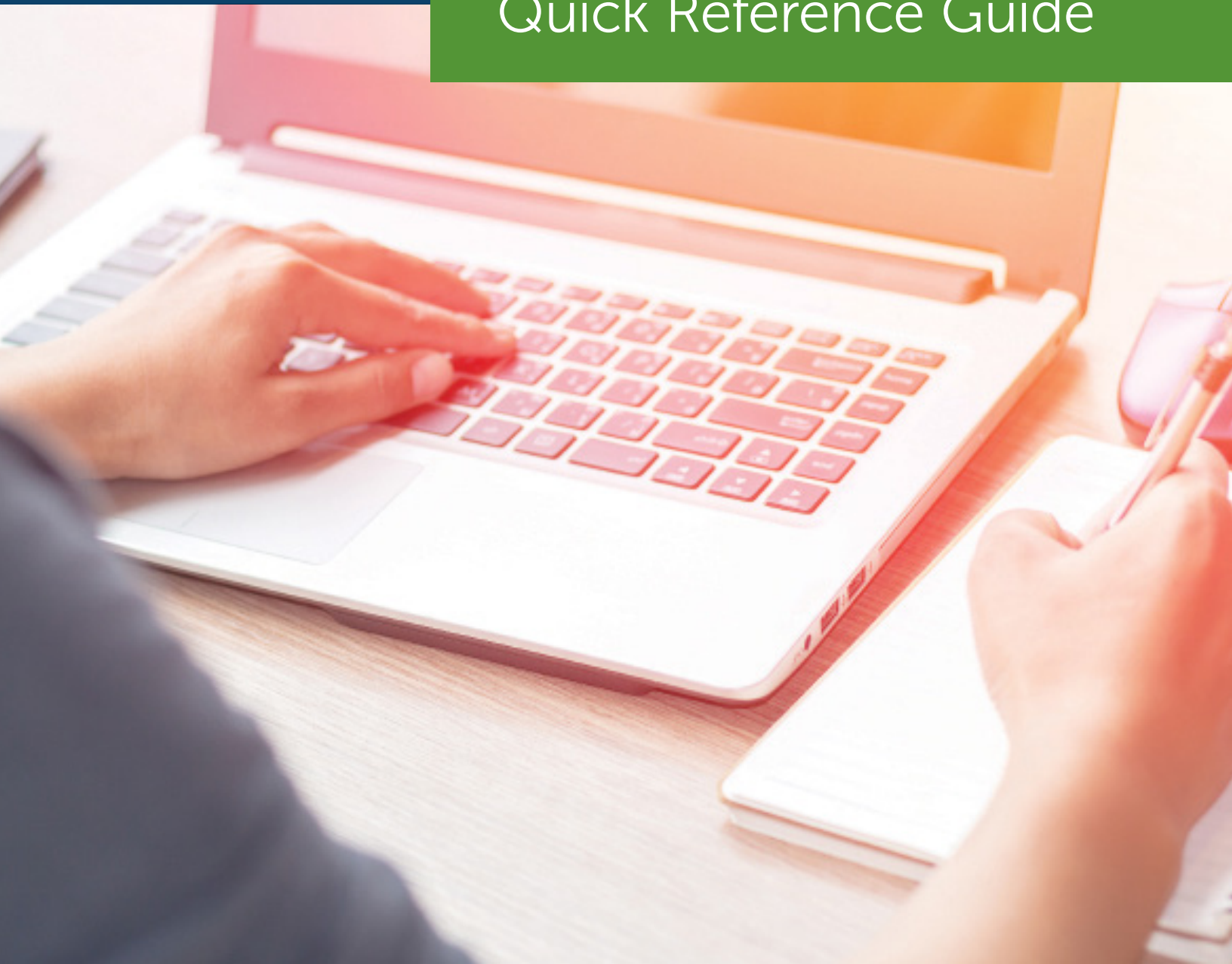




Medicare Broker Onboarding & Recontracting

Quick Reference Guide



Get Started

Thank you for your interest in working with Healthfirst. This quick reference guide will help you navigate the Appointment and Recontracting process with Healthfirst.

Before beginning this process, please have the following documents accessible on your computer: your **National Producer Number (NPN)**, your renewed **NYS Life/Accident/Health license**, your **Errors and Omissions insurance** documents, your **Annual AHIP Certification**, and your **Banking Information**. You will need these documents to complete the onboarding and recontracting process.

If you have any questions or need additional assistance, our dedicated Broker Services unit is here for you. Please call **1-855-456-3668**, Monday to Friday, 9am–5pm.

Note: The preferred browsers to complete these tasks are Microsoft Edge and Chrome.

Note: Due to compatibility issues, do not use any Apple devices (iPhone, iPads, Apple Prods, etc). You will need to use a Windows based laptop/computer and Chrome/Microsoft Edge browser.

Table of Contents

Click on the links below to view the associated workflow:

[Initial Onboarding..... 3](#)

[Background Check..... 11](#)

[Annual Recertification \(AHIP & Product Training\) 14](#)

Initial Onboarding

Requirements for Onboarding Applications **must** be submitted within 90 days.

Get Appointed

See information for: **Small Business Plans** **Medicare Advantage Plans** [Clear](#)

Working with Us

It's quick and easy to get credentialed with Healthfirst. You'll need:

- Your National Producer Number (NPN)
- An active New York State Accident and Health Insurance License
- A copy of your Errors & Omissions Insurance policy
- A copy of your active AHIP Certification

Medicare Broker Onboarding and Recontracting

- ▶ View Onboarding Video Instructions
- ▶ View Recontracting Video Instructions

[Download Onboarding and Recontracting Instructions PDF](#)

Get Appointed

1 Visit hfbrokers.org. To begin the Broker Appointment and Onboarding process, click **Get Appointed** under the **Medicare Advantage Plans** section.

healthfirst

Onboarding

Fill out the fields below to get started.

Business Type * Medicare

Onboarding Type * Agent

Upline * American Brokers Agency LLC

First Name * John

Last Name * Smith

Contact Email * jsmith@gmail.com

Are you a former Healthfirst Employee? * ☐ Yes ☒ No

Are you a former Healthfirst Broker? * ☐ Yes ☒ No

Create

2 Enter your information in the required fields and select the associated Upline.

Note: Ensure the First and Last Name is entered as listed on your Accident & Health license.

You are browsing this page as guest user ([Click here to login](#))

Onboarding

Fill out the fields below to get started.

Business Type *

Onboarding Type *

Are you a former Healthfirst Employee? * ☐ Yes ☐ No

Are you a former Healthfirst Broker? * ☐ Yes ☐ No

First Name *

Last Name *

Contact Email *

[Create](#)

2b If an application was submitted previously, select **Click here to log in** to access your account.

healthfirst

You are browsing this page as guest user ([Click here to login](#))

Thank you, your request has been submitted.

NEXT STEP: You will receive an Onboarding Invitation email to begin your Healthfirst onboarding.

- Search spam and junk mail.
- Use Google Chrome for a user-friendly experience.

For further assistance or troubleshooting, please contact our Broker Service Team at 855-456-3668 or EmployerandBrokerservice@healthfirst.org

2c This screen indicates the application was created successfully.

Select **Click Here to Login** or refer to the email from **Webcominc** with link and credentials.

healthfirst

Dear Jane Day,

Thank you for your interest to be appointed with Healthfirst. All requirements must be provided within a 90-day period. Failure to submit complete requirements within this timeframe will result in the voiding of your application. You are welcome to submit a new application after a waiting period of 90-days.

Please click the link below to complete the contracting process.

You may find your credentials below to log into Onboarding workflow:

Site url – [Login](#)

User ID: [webcom@webcominc.org](#)

Password: [C@mp@ss](#)

3 You will receive an email from **wpm@webcominc.com** with temporary Login Credentials.

Click **Login** to begin.

healthfirst

You are logged in

- Please set a new password. Your password must be changed to protect the integrity of your account.
- Password must contain Lowercase letters, uppercase letters, numbers and special characters
- Last four passwords may not be reused
- Password must have more than 9 characters.
- Password can not be too similar to first, last or user name
- Password must have less than 20 characters.

New Password *

Confirm Password *

Change Password Sign Out

4 Follow the instructions to create a **unique password**.

Then click **Change Password**.

healthfirst

Case ID

Home Find Cases Lists Feed More Help Sign Out

Collaps All Expand All

Open cases assigned to me

Case Key	Case Name	Created On	Status	Updated
Onboarding-OB-931	06/28/2019	06/28/2019 05:48:45	Retrieve NPN	06/28/2019 05:48:45

One item found.

THE BEST RUN SAP

5 Under **Open cases assigned to me**, click **Onboarding-OB**.

healthfirst

Case ID

If you have any challenges or questions during this process, please call our Broker Services team at 1-855-456-3668, Monday to Friday, 9am-5pm. We are here to help.

Please enter your SSN to continue.

SSN

Producer NPN

6 Enter **Social Security Number** to retrieve NPN.

If you have any challenges or questions during this process, please call our Broker Services team at 1-855-456-3668, Monday to Friday, 9am-5pm. We are here to help.

Please enter your SSN to continue.

SSN

Producer NPN 2012042

Name	Resident State	Date of Birth
	NY	

1 total rows, displaying from 1 to 1

☒ I authorize Healthfirst to request NIPR for a PDB Report.

7 Ensure the **NPN Lookup Results are correct**. If they are, **check the box** "I authorize Healthfirst to request NIPR for a PDB Report".

Then click **Submit**.

If you have any challenges or questions during this process, please call our Broker Services team at 1-855-456-3668, Monday to Friday, 9am-5pm. We are here to help.

General Licenses Background Questionnaire Insurance Banking Information Certifications Education

Please complete all required fields.

First Name *

Do you have a middle name? ☒ Yes ☐ No

Middle Name *

Last Name *

Suffix

Date of Birth *

SSN

Producer NPN

Business Phone *

Contact Email *

NIPR Email

Is this your preferred mailing address? ☐ Yes ☐ No

Address Line 1 *

Address Line 2

City *

State *

ZIP *

Additional Addresses

Click the button below to save your progress.

Once you are finished with your application, please click the button below.

8 Under the **General tab**, some details will be populated. **Enter your information in the blank fields**.

Once all fields are populated, click **Save**.

Note: Do not click Submit until all tabs are completed.

If you have any challenges or questions during this process, please call our Broker Services team at 1-855-456-3665, Monday to Friday, 9am-5pm. We are here to help.

General **Licenses** Background Questionnaire Insurance Insurance Banking Information Certifications Education

Your active licenses according to NIPR are shown below. You must have an active LA license to sell Medicare Products. Please select the licenses you wish to do business under.

NIPR Active Licenses

License State	License Number	License Class	License LOA	Effective Date	Expiration Date	Residency Status
<input checked="" type="checkbox"/> NY	LA-111111	Life/Accident & Health	18 - Life 24 - Accident & Health	00/00/2020	00/07/2024	R

1 total rows, displaying from 1 to 1

Licenses Upload

Click the button below to save your progress.

Once you are finished with your application, please click the button below:

9 Under the **Licenses** tab, select the applicable “NY” license (Life/Accident & Health Only).

Then use the **Upward Arrow** to upload a copy of the License.

When complete, click **Save**.

If you have any challenges or questions during this process, please call our Broker Services team at 1-855-456-3665, Monday to Friday, 9am-5pm. We are here to help.

General Licenses **Background Questionnaire** Insurance Insurance Banking Information Certifications Education

Please answer all questions below.

The following questions are applicable to the agent/agency/corporation/partnership and to each of the partners, members, directors, officers or individual agents. If the answer to any of these questions is “yes”, please provide full and complete details. Callidus will be used to “pre-verify” and appoint both individual producers and General Agents, on behalf of themselves and the agency.

1a) Have you, or any of the partners, directors, officers or agents within this corporation/partnership ever been convicted of a felony, had a judgment withheld or deferred, or are you currently charged with committing a felony? *

☐ Yes ☒ No

1b) Have you, or any of the partners, directors, officers or agents within this corporation/partnership ever been convicted of a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing a misdemeanor? *

☐ Yes ☒ No

1c) Have you, or any of the partners, directors, officers or agents within this corporation/partnership ever been convicted of a military offense, had a judgment withheld or deferred, or are you currently charged with committing a military offense? *

☐ Yes ☒ No

For Questions 1a, 1b, and 1c, “Convicted” includes, but is not limited to, having been guilty by verdict of a judge or jury, having entered a plea of guilty or solo contendere or as co-accused, or having been given probation, a suspended sentence, or a fine.

2) Have you or any of the partners, directors, officers or agents within this corporation/partnership ever been fined, reprimanded, sanctioned or been the subject of a consent decree in any state for a violation of insurance laws, managed care regulations or other administrative regulations? *

☐ Yes ☒ No

3) Have you or any of the partners, members, directors, officers or agents within this corporation/partnership ever been refused license to sell insurance/managed care coverage, or has a license to sell insurance/managed care coverage ever been suspended or revoked by any state? *

☐ Yes ☒ No

4) Have you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? *

☐ Yes ☒ No

5) Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a payment agreement? *

☐ Yes ☒ No

6) Are you currently a party to, or have you ever been found liable in, any lawsuit, arbitrations or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? *

☐ Yes ☒ No

7) Has any demand been made or judgment rendered against you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject of bankruptcy proceedings? Do not include personal bankruptcies, unless they involve funds held on behalf of others. *

☐ Yes ☒ No

8) Have you or any of the partners, members, directors, officers or agents within this corporation/partnership ever been employed by an insurance company/managed care organization, or another organization providing for or assisting with administration of health care or other employee benefits, where your employment was terminated or non-renewed because of allegations of wrongdoing? *

☐ Yes ☒ No

9) Do you have a child support obligation in arrears? *

☐ Yes ☒ No

Click the button below to save your progress.

Once you are finished with your application, please click the button below:

10 Under the **Background Questionnaire** tab, answer the 10 questions with ‘yes’ or ‘no’.

Note: Some questions may require additional comments and documents.

When all questions are complete, click **Save**.

11 Under the **Insurance tab**, complete all required fields and use the **Upward Arrow** to upload a copy of your **E&O Insurance**.

Note: An error will pop up if the given value is less than \$1,000,000.

When finished, click **Save**.

12 Under the **Banking Information tab**, enter the required fields.

For **Payment Type**, pick **one** of the two below:

- ACH:** Enter a **Bank Routing Number, Bank Account, and Bank Account Type**.

1A. Individuals

1B. LLC

Note: Banking info must match the W9 for **both** Individual and LLC

- Check:** Enter the **address** the check should be mailed to.

Then upload the following:

- Completed W-9 document
- Copy of a voided check

When finished, click **Save**.

Individuals W9

LLC W9

If you have any challenges or questions during this process, please call our Broker Services team at 1-855-456-3668, Monday to Friday, 9am-5pm. We are here to help.

General Licenses Background Questionnaire Insurance Banking Information **Certifications** Education

Please upload your current Annual CMS certification and enter your certification date.

Annual CMS Certificate * Onboarding_Test.docx Certification Date * 08/09/2022

Click the button below to save your progress. Once you are finished with your application, please click the button below.

13 Under the **Certifications tab**, upload a copy of your **AHIP Certification** and enter the **Certification Date**.

Note: You **cannot** proceed with the onboarding process without uploading a copy of your CMS Certificate.

When upload is complete, click **Save**.

healthfirst Case ID: + ? @

All training courses listed below must be successfully completed before submitting your application.

Course Library / Healthfirst Training Hub

Healthfirst Training Hub
Healthfirst Training Hub - Onboard External Medicare brokers

100%

Modules Achievements

- Introduction to Healthfirst - BETA ①
- External Broker General Compliance Training ② 90% My Score
- Code of Conduct for External Brokers ①
- Ethics & Compliance External Broker Attestation
- Healthfirst Medicare Products - BETA ①
- External Broker Certification Exam ① Updated 85% Passed 87% My Score

Click the button below to save your progress. Once you are finished with your application, please click the button below.

Editing Draft Data

14 Under the **Education tab**, complete six **modules in LITMOS** with a passing grade of 85% or higher.

After **two** failed attempts, remediation is required.

Note: When all modules are complete, your progress bar will be 100%.

When finished, click **Save** and **Submit**.

Your application has been submitted! You may close this window.

Confirmation

Thank you for your interest in Healthfirst. Please allow three to five business days after submission for us to review your Healthfirst Online Application for Appointment. Upon completion, you will receive an email from Healthfirst with additional information.

Please Note: You are not authorized to engage in the sale of any Healthfirst products until confirmation of successful appointment.

Please print this page for your records.

OK

General Licenses Background Questionnaire Insurance Banking Information Certifications Medicare Agreement Education

First Name
Middle Name
Last Name
Suffix
Date of Birth
Producer NPN
Entity NPN
Contact Email
NIPR Email
Business Phone
Residence Address Line 1
Residence Address Line 2
Residence City
Residence State
Residence Zip

15 Our vendor, Asurint, will begin the background check once initiated. Please allow **three to five business days** for the email to appear.

Click **OK** to close the message.

If you have any additional questions regarding your onboarding application with Healthfirst, contact Broker Services, Monday to Friday, 9am-5pm, at 1-855-456-3668.

Background Check

Background Check Request

Dear XXXX XXXXX,

As a part of our onboarding process, you must successfully complete a background check. To make this quick and easy, Healthfirst - Sales requires that you complete an online information request. By providing this information electronically, it can be safely and securely transmitted to our background check vendor instantly, removing unnecessary delays and speeding the decision making process.

Please remember to do the following:

- Complete all fields in the online form located [here](#).
- Review your answers for accuracy and spelling.
- If you have any questions or special circumstances, you should contact Asurint at (800) 906-1674 or contact them at support@asurint.com before submitting the request.

Thank you,

1 You will receive an email from Asurint requesting a background check.

Click the link in the email, [here](#), to initiate background check.

ASURINT Welcome

Welcome to the HF Management Services, LLC - Sales Candidate Direct. During this process, we will ask you to sign some documents electronically. Before we can do that, we need you to accept the Electronic Signature Consent form.

Authorization for Electronic Signature

First Name

_____ ✓

Last Name

_____ ✓

Date of Birth

_____ ✓

☒ I would like a copy of my Authorization

Email Address

_____ ✓

2 This is the Asurint landing page. Enter your **First Name, Last Name, Date of Birth and Email Address**.

From: wpm@webcominc.com <wpm@webcominc.com>
Sent: Wednesday, August 3, 2022 6:49 PM
To:
Subject: Onboarding Agreement Signature Needed

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe. This Message originated outside your organization.



Dear John Doe,

Your signature on the Producer Agreement is required for your appointment with Healthfirst. Please log in using the credentials below to sign the Producer Agreement.

Site URL	Login
User ID	Johndoe@healthfirst.org
Password	Please use your previous password to login

3 After background check results are cleared, you will receive a notice to sign the agreement for appointment.

Log into the account using the [Login Link and Credentials](#).

Medicare Agreement - [Examples](#)

Please sign the following agreement.

HEALTHFIRST MEDICARE ADVANTAGE PRODUCER AGREEMENT

This Medicare Advantage Producer Agreement ("Agreement") is made by and between HF Management Services, LLC, on behalf of itself and its affiliates ("Company"), 100 Church Street, New York, NY 10007 and the undersigned individual agent, broker, producer or agency ("Producer").

Whereas, Company offers Medicare Advantage plans pursuant to one or more contracts with the Centers for Medicare and Medicaid Services ("CMS");

Whereas, Company and Producer desire to enter into this Agreement, whereby, among other things, Producer shall present Medicare Products (as defined below) to Medicare eligible individuals in return for compensation paid by Company;

NOTWITHSTANDING, in consideration of the mutual covenants herein contained and intending to be legally bound hereby, the parties hereto agree as follows:

By signing and submitting the "Healthfirst Online Application for Appointment", Producer has acknowledged and agreed to the provisions of this Agreement. This Agreement is effective as of the date of Producer's signature indicated on Producer's "Healthfirst Online Application for Appointment" ("Effective Date").

This Agreement shall be effective on the Effective Date and shall automatically renew on January 1 of each year following the Effective Date unless otherwise terminated as set forth in this Agreement.

1. DEFINITIONS

a) "Enrollee" means an eligible Medicare beneficiary who has enrolled in a Medicare Product as confirmed by CMS through the efforts of Producer.

b) "Medicare Product(s)" means those Medicare Advantage and Medicare Advantage with Part D prescription drug coverage products that are offered by Company and set forth on Exhibit 1, which is hereby made a part of this Agreement.

2. RESPONSIBILITIES AND AUTHORITY OF PRODUCER

a) Producer shall solicit from eligible Medicare beneficiaries' applications for the Medicare Products. Producer is only authorized to solicit business for, and this Agreement only applies to, the Medicare Products included in Exhibit 1. Producer's authority under this Agreement is non-exclusive. Producer agrees to make no representation with respect to the benefits offered by Company beyond the material prepared and furnished to Producer for that purpose by Company.

b) Producer agrees to secure and maintain such licenses and appointments by Company as are necessary to conduct business on behalf of Company and as required by any state where Producer solicits sales of the Medicare Products, including but not limited to the State of New York Department of Financial Services. Producer shall provide Company copies of all required licenses.

c) Producer agrees that Producer shall not commence soliciting or accepting applications for Medicare Products prior to their successful completion of training and testing on Medicare Parts A, B, C, D, and Company specific information as notification of appointment by Company. Producer specifically acknowledges that compensation is only payable hereunder for enrollments generated by sales activities conducted after such date of notification. Producer will repeat required training and testing curriculum each year on or before the anniversary date of Producer's original completion of training and testing. No compensation will be paid to Producer for the sale of a Product if Producer has not successfully completed the applicable training and testing curriculum.

d) Producer represents and warrants that the license(s) of Producer has not previously been subject to suspension, termination or other disciplinary action by any regulatory body or governmental agency. Producer shall immediately notify Company in the event that Producer's license is revoked or suspended or of any criminal, civil or administrative action involving Producer. Company shall not pay Producer any compensation as of the effective date of any revocation or suspension of Producer's license.

e) Producer represents that Producer has never been convicted of a felony or a misdemeanor involving fraud, dishonesty, breach of trust, theft, misappropriation of money, or breach of any fiduciary duty. Producer further agrees to notify Company in writing immediately upon receiving notice of any misdemeanor or felony charges or any actions including but not limited to convictions by any governmental agency for commission of any act involving fraud, dishonesty, breach of trust, theft, misappropriation of money, or breach of any fiduciary duty.

f) Producer represents and warrants that neither Producer nor any person Producer employs, is excluded from participation in Medicare. Producer will immediately notify Company of Producer or any of Producer's employees is threatened with exclusion, becomes excluded or is placed on a federal exclusion list.

g) Producer shall secure and document a Scope of Appointment in accordance with CMS requirements prior to meeting with any potential Enrollee. Producer shall not market any health care related product during a marketing appointment with a potential Enrollee beyond that documented in the Scope of Appointment.

h) Producer shall accurately present the Medicare Products to potential Enrollees. Producer shall not present the Medicare Products to individuals who Producer knows, or should know, are not qualified to enroll in such plans. Producer shall not, in any way, intentionally misrepresent Company or a Medicare Product.

i) Producer agrees to comply with the rules of Company relating to the completion and submission of enrollment applications. Producer will forward all applications for Medicare Products to Company within two (2) business days of the taking of the application. Producer shall use best efforts to ensure that each application for coverage is fully and truthfully completed by the applicant. Producer will also inform the applicant that in no event will the applicant have any coverage until the application is reviewed and approved by Company and the applicant's enrollment in a Medicare Product is by CMS. Producer acknowledges and agrees that Company reserves the right, in accordance with applicable law, to reject any and all applications submitted by Producer.

Signature *


[required]

Once you are finished with your agreement, please click the button below.


[Submit](#)

4 Sign the Agreement at the bottom of the screen.

When finished, click [Submit](#).

Case Key	Case Name	Status	Business Type
Onboarding-OB-4592	John Doe	 Onboarded	Medicare

5 Once your appointment is processed, your application status will indicate **Onboarded** and will be closed.



Dear John Smith,

We're pleased to inform you that your Healthfirst broker appointment application has been approved. **Congratulations, you're now appointed to sell Healthfirst health insurance plans.**

To get started, be sure to **visit the secure [Healthfirst Broker Portal](#) today to create your online account.** There you can manage or update your client list, check the status of your commissions, get more details about Healthfirst health plans, find additional sales tools, and much more.

We're committed to providing our members with what they've come to expect from us—the best in quality and service. Thank you for being a part of our important mission.

We look forward to working with you.

Sincerely,

Healthfirst Broker Services

Coverage is provided by Healthfirst Health Plan, Inc., Healthfirst PHSP, Inc., and/or Healthfirst Insurance Company, Inc. (together, "Healthfirst"). Coverage for Senior Health Partners, Managed Long-Term Care Plan, is provided by Healthfirst PHSP, Inc.

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6 You will **receive an email from Healthfirst** with additional information.

To register for the portal, **click on the link in the email.**

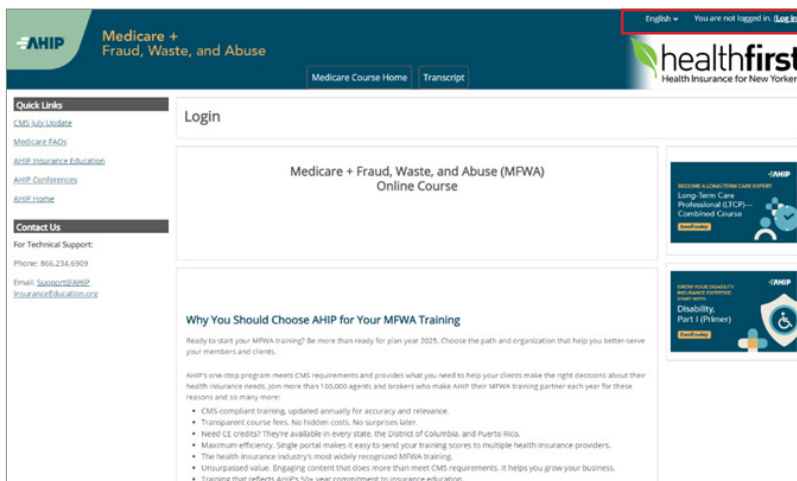
Annual Recertification (AHIP & Product Training)

Thank you for working with Healthfirst. On an annual basis, we require recertification of your **AHIP** and **Product Knowledge Training** to maintain your appointment.

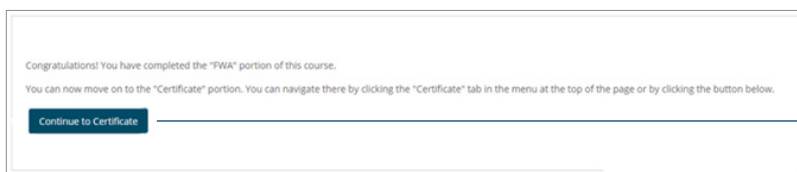
Note: Due to compatibility issues, You cannot use any Apple devices (iPhones, iPads, MacBook Prods, etc). You need to use a Windows based laptop/computer and Chrome browser).

AHIP

Healthfirst custom AHIP URL: <https://www.ahipmedicaretraining.com/clients/healthfirstny>



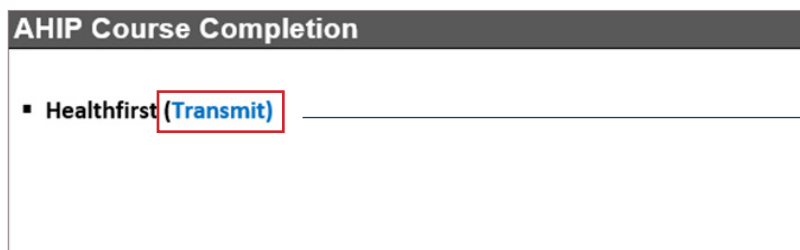
1 You need to login to the AHIP website to complete the AHIP training certification. Please use the following custom [AHIP URL](https://www.ahipmedicaretraining.com/clients/healthfirstny) to submit your test results to Healthfirst.



2 Click on “**Continue to Certificate**” to access your certificate of completion for AHIP’s Medicare Training.



- 3 Choose to save or print your certificate for your own records. Healthfirst does not require a copy of your certificate if you complete step 4 of this QRG.



- 4 Click “**Transmit**” to the right of Healthfirst to transmit your test results.

Healthfirst will receive your certification information the next business day.

AHIP Technical Support Contact Information:

Phone: 866.234.6909

Email: Support@AHIPInsuranceEducation.org

Product Training

It's time to begin your annual certification and your compliance and product training. Consistent with the terms of your agreement with Healthfirst, you must complete America's Health Insurance Plans (AHIP) certification and Healthfirst compliance and product training every year.

You must meet the following requirements to continue working with Healthfirst for the 2025 Annual Enrollment Period:

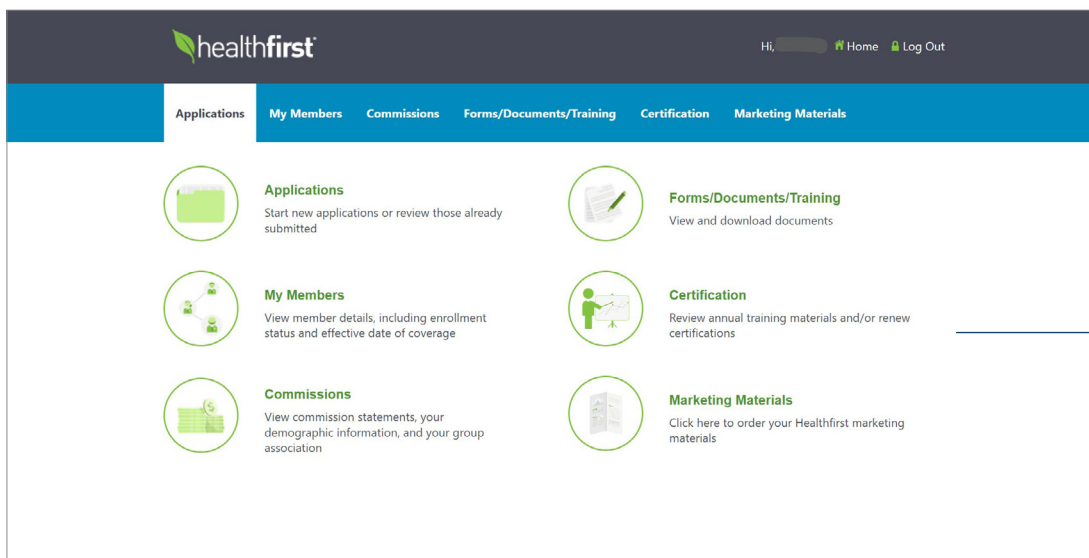
- Complete your annual AHIP certification on the [AHIP website](#) (available now) and receive your certificate.
- By Sept. 30, complete your Healthfirst compliance and product training on the [Healthfirst Broker Portal](#), located in the "Education" section of the portal. The training has the following courses:
 - Introduction to Healthfirst
 - External Broker General Compliance Training
 - Code of Conduct
 - Healthfirst 2025 Medicare Product Training

If you have any questions, please contact Broker Services at [1-855-456-3668](tel:1-855-456-3668), Monday to Friday, 9am–5pm.


We look forward to continuing our relationship and to having another successful selling season.

1 You will receive an **Email Notification** once the Annual courses are available online.

Log into your SAP account by selecting **Your Secure Broker Portal Account**.



1b From your broker portal, select **Training/Certifications**.



User Name *

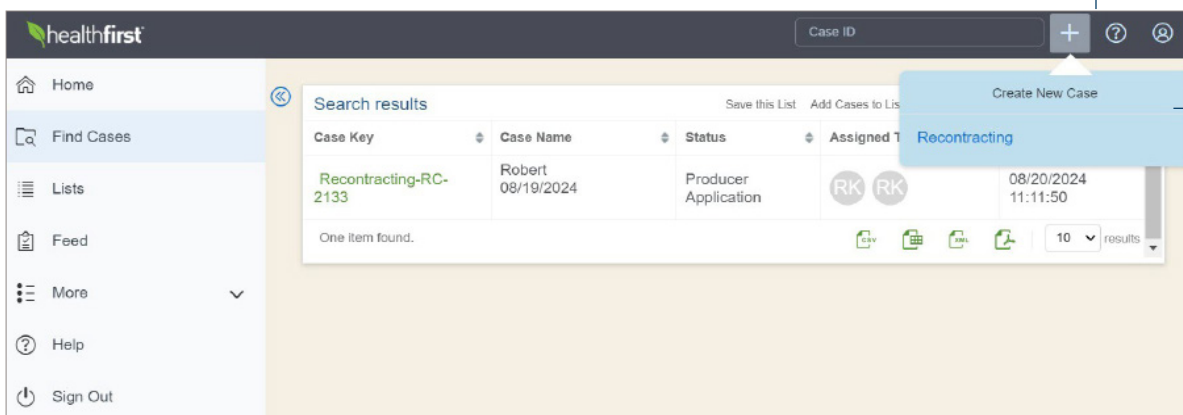
Password *

Domain
healthfirst

Sign In

☐ Remember Me [Forgot Password?](#)

◀ **2** Log in to your account.



healthfirst

Case ID

Home

Find Cases

Lists

Feed

More

Help

Sign Out

Search results

Save this List Add Cases to List

Case Key	Case Name	Status	Assigned To	Created On
Recontracting-RC-2133	Robert	Producer Application	RK RK	08/20/2024 11:11:50

One item found.

Create New Case

Recontracting

10 results

◀ **3** Click on the **plus sign symbol** on the upper right corner of the screen.

Then select **Recontracting**.

4 Enter **Agent or Agency NPN**.

Then click **Search for Producer** to retrieve the NPN details.

Name	NPN	Type	Individual
<input type="radio"/> Robert		AG	Yes

1 total rows, displaying from 1 to 1

5 Under **Producer Lookup Information**, select the name.

Then click **Submit**.

Information (Agent)

If you have any challenges or questions during this process, please call our Broker Services team at 1-855-456-3668, Monday to Friday, 9am-5pm. We are here to help.

General | Licenses | Attestation **Incomplete** | Education

Please complete all required fields.

First Name Robert
 Do you have a middle name? ☐
 Middle Name
 Last Name
 Suffix
 Date of Birth
 SSN
 Producer NPN
 Business Phone *
 Contact Email
 NPIR Email

Is this your preferred mailing address? ☐ Yes ☐ No
 Address Line 1 *
 Address Line 2
 City *
 State *
 ZIP *

Additional Addresses

Click the button below to save your progress. **Save**

Once you are finished with your application, please click the button below. **Submit**

6 Under the **General** tab, enter the required fields.

When finished, click **Save**.

If you have any challenges or questions during this process, please call our Broker Services team at 1-855-456-3668, Monday to Friday, 9am-5pm. We are here to help.

General | Licenses | Attestation **Incomplete** | Education

Please sign the following agreement.

Certifications and Attestation

I certify and attest that I have read and understand the items on this application and that my answers are true and complete to the best of my knowledge.

I agree that Healthfirst or any of its affiliated companies ("Healthfirst"), agents or subcontractors, may conduct investigations in connection with my request to represent Healthfirst in the solicitation of Healthfirst products as described in the Healthfirst General Agent Agreement and/or Healthfirst Producer Agreement. I hereby consent to Healthfirst requesting and obtaining all information as discussed in this application and for all such reports to be requested by and provided to Healthfirst. I understand that a routine inquiry may be made as a requirement for state appointment and/or appointment with Healthfirst. If applicable, Healthfirst may obtain reports from a consumer reporting agency, an investigation report or inquiries from a State Insurance Department. Any information that Healthfirst obtains about me will be treated as confidential.

I agree to abide by any applicable commissions disclosure requirements mandated by the State of New York. I understand and agree to follow the guidelines of Healthfirst's HIPAA Privacy Guidelines which are referenced in the Healthfirst General Agent Agreement and/or Healthfirst Producer Agreement.

Errors and Omissions Insurance

I have and maintain Errors and Omissions Insurance coverage with minimum amounts of \$1,000,000 per incident and \$1,000,000 in aggregate, or such other amounts as determined by Healthfirst. I shall provide Healthfirst upon request the certificates of Insurance evidencing such coverage. I agree to provide Healthfirst with thirty (30) days prior written notice, or as reasonably practicable, of any modification, termination, or cancellation of such coverage.

Section 1033 of the Violent Crime and Law Enforcement Act of 1994

I have not been convicted of any criminal felony involving dishonesty or breach of trust or been convicted of an offense under Section 1033 of the Violent Crime and Law Enforcement Act of 1994. I agree to immediately inform Healthfirst of any conviction of the types described in the preceding sentence.

I understand that if any of the information I provided is found to be incorrect or incomplete, it may be grounds for the termination of my appointment with Healthfirst and/or the immediate termination of my Healthfirst General Agent Agreement and/or Healthfirst Producer Agreement.

Attestation

I certify and attest that my electronic signature below indicates my truthfulness and accuracy of the responses to the questions in this application and my agreement with the terms and conditions outlined in the certifications herein, as well as the terms and conditions contained within the Healthfirst General Agent Agreement and/or Healthfirst Producer Agreement, as applicable.

Signature *

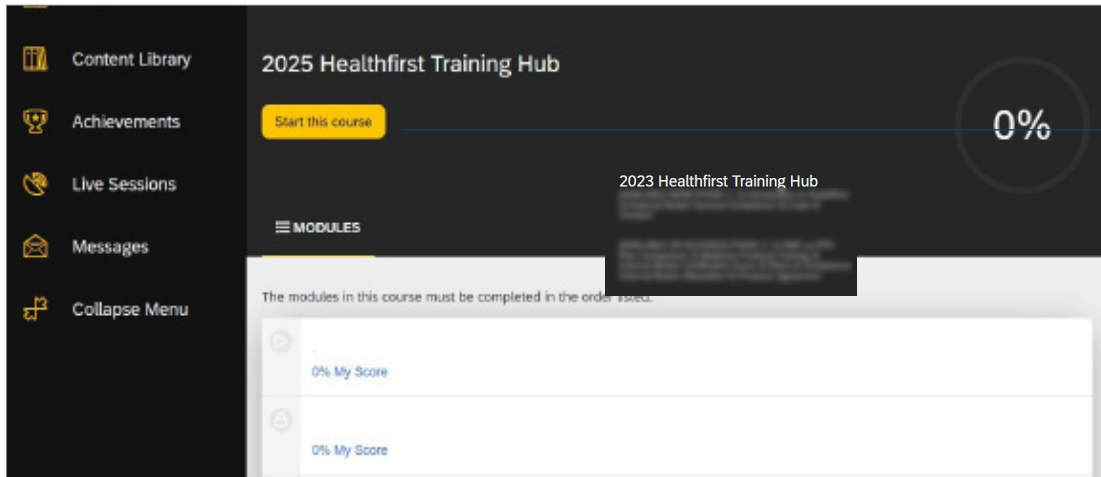
Click the button below to save your progress. **Save**

Once you are finished with your application, please click the button below. **Submit** **Editing Draft Data**

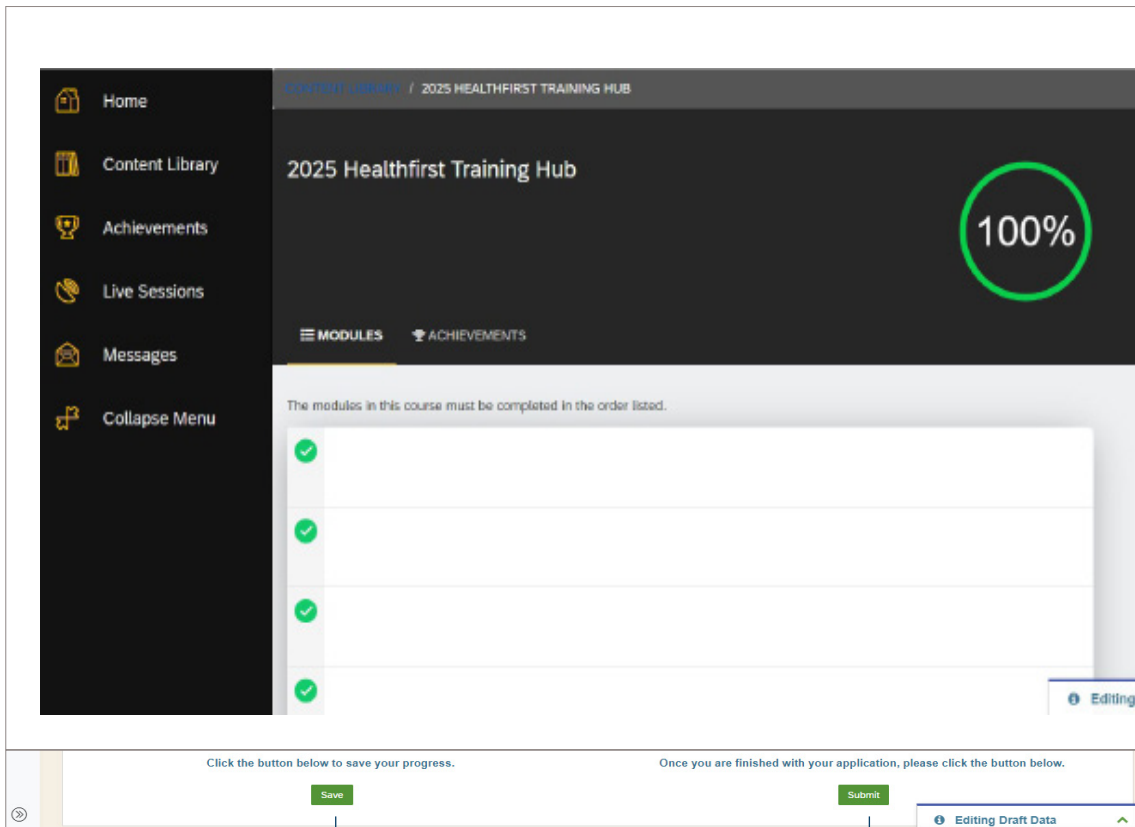
7 Under the **Attestation** tab, type your signature.

Note: Signature must be identical to the signature used in the General tab (case sensitive).

When finished, click **Save**.



- 8 Click on the **Education** tab.
- Click **Start This Course** to begin.



- 9 Complete all six modules with a passing grade of 85% or higher

After **two** failed attempts, remediation is required.

Note: When all modules are complete, your progress bar will be 100%.

When finished, click **Save** and **Submit**.

Information (Agent)

If you have any challenges or questions during this process, please call our Broker Services team at 1-855-456-3668, Monday to Friday, 9am-5pm. We are here to help.

General

Attestation

Certifications

Education

Please complete all required fields.

First Name

Do you have a middle name?

Middle Name

Last Name

Suffix

Date of Birth

SSN

Producer NPN

Business Phone *

Contact Email

NIPR Email

Is this your preferred mailing address? ☐ Yes ☐ No

Address Line 1 *

Address Line 2

City *

State *

ZIP *

Additional Addresses

Click the button below to save your progress.

Once you are finished with your application, please click the button below.

Save

Submit

Notifications

10 Your Recertification application will be reviewed for approval.

Note: Ensure to click **Submit**. If you do not click submit, your application will not be completed.

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Notes:

[illegible]



This document is a representation of the Medicare broker onboarding and recontracting process and is subject to change. Healthfirst is the brand name used for products and services provided by one or more of the Healthfirst group of affiliated companies.